• PRINTER RUSH • (PTO ASSISTANCE)

Application :	10 170001 NYH	Examiner: Location:	Sq eecl	GAU:	1624 8/3/m
Tiom.		Tracking #:	ibe (IMI) Fbe	Week Date:	:
	DOC CODE 1449 1DS CLM IIFW SRFW DRW OATH 312 SPEC	DOC DATE	MISCELL Continuing Foreign Price Document I	Data ority	
[RUSH] MES	SAGE: Pleas	E Change 1550	p fee amant	Rom Smill	Thank Yay
[XRUSH] RES	SPONSE: Us lange	sue has li	een changed	from sm	all to
				INI	ΓIALS: R.C.

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

omplete and send th	is form, together wit	h applicable fee(s), to:	Mail Fax	Mail Stop ISSU Commissioner : P.O. Box 1450 Alexandria, Vis (703) 746-4000		
	espondence including the le clow or directed otherwise	smitting the ISSUE FEE and	PUBLIC	CATION FEE (if rec	guired). Blocks I through 5, s will be mailed to the current ss; and/or (b) indicating a sep-	
	PADDRESS (Note: Use Block 1 for 90 11/03/2004 ORPORATION DEPARTMENT X 1027	EN C1 700	S CONTROL OF	Fee(s) I ransmittal. I papers. Each addition have its own certification of the papers	of mailing can only be used if his certificate cannot be used mail paper, such as an assignmate of mailing or transmission. Certificate of Mailing or Transthis Fee(s) Transmittal is being with sufficient postage for his is stop ISSUE FEE address SPTO (703) 746-4000, on the Smith	for any other accompanying ent or formal drawing, must smission by deposited with the United ist class mail in an envelope a above, or being facsimile
/2005 LWBNDIN2 00000	1052 191025 1070001	9 10	3	The sole	1 4 76	(Signature)
		THE TOTAL PROPERTY OF THE PARTY		Unio uni	74004 3. 2005	(Date)
2501 700.00 1504 300.00 Application No.	D0	710001111				CONTRACTIONA
APPLICATION NO. FILING DATE		John	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLN TYPE	SMALL ENTITY	ISSUE FEE	· P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY VES NO	ISSUE FEE \$685	· P	UBLICATION FEE \$300	TOTAL FEE(S) DUE	DATE DUE 02/03/2005
	VES NO					
nosprovisional	VES NO	\$685		\$300		
nonprovisional EXAMI SAEED, K. Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	TNER AMAL A address or indication of "Feence address (or Change of all attached. ion (or "Fee Address" Indication or more recent) attached. Use	ART UNIT 1626 ce Address* (37	rinting on names of s OR, alto name of a dd attorne red patern o name w	\$300 CLASS-SUBCLASS 548-377100 The patent front page, up to 3 registered paternatively, single firm (having a sy or agent) and the nat attorneys or agents.	list I Joseph I Josep	02/03/2005
nonprovisional EXAMI SAEED, K. Change of correspondence: R 1.363). Change of correspondences: R 1.363). Thange of correspondences: PTO/SB/12 Fee Address' indicates: Number is required. ASSIGNEE NAME AND	AMAL A address or indication of "Fee ence address (or Change of c2) attached. The control of t	ART UNIT 1626 ce Address* (37 2. For pr Correspondence or agent ation form register e of a Customer 2 registe listed, n	rinting on names of so OR, alter name of a and attorne erred paters o name w	\$300 LASS-SUBCLASS 548-377100 the patent front page, up to 3 registered patenatively, single firm (having a sy or agent) and the nat attorneys or agents. iil be printed. or type)	list I Joseph I Josep	02/03/2005 1 W. Bulock M. Warner
nonprovisional EXAMI SAEED, K Change of correspondence FR 1.363). Change of corresponde Address form PTO/SB/12 PTO/SB/47: Rev 03-02 o Number is required. ASSIGNEE NAME AND	INER AMAL A address or indication of "Fe ence address (or Change of 2) attached. ion (or "Fee Address" Indication of recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	ART UNIT 1626 tee Address* (37 2. For particular part	rinting on names of a OR, altreamed as or, altreamed as and attorne on name w NT (print prear on the for filling prear on the filling prear on the for filling prear on the filling prear on the for filling prear on the filling prear on the for filling prear on the filling prear on the filling prear on the for filling prear on the	\$300 LASS-SUBCLASS 548-377100 the patent front page, up to 3 registered patenatively, single firm (having a sy or agent) and the nat attorneys or agents. iil be printed. or type)	list lent attorneys lands lands attorneys lands	02/03/2005 N. Bulock M. Warner document has been filed for
nonprovisional EXAMI SAEED, K. Change of correspondence R 1.363). Change of corresponde Address form PTO/SB/12 *Fee Address* indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	INER AMAL A address or indication of "Fe ence address (or Change of 2) attached. ion (or "Fee Address" Indicat is more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	ART UNIT 1626 The example of a Customer ation form a configuration form a configuration form a configuration form a configuration form assignee data will a configuration form a substitute (H) RESIDENTIAL ACTION TO THE PATER AND THE PATER ASSIGNED ASSIGN	rinting on names of s OR, afte s OR, afte s ad attorne red patern o name w NT (print ppear on te for filir NCE: (CT	\$300 CLASS-SUBCLASS 548-377100 In the patent front page, up to 3 registered paternatively, single firm (having a sy or agent) and the nat attorneys or agents. The patent of the patent of the patent. If an assing an assignment. TY and STATE OR C	list lent attorneys lands lands attorneys lands	02/03/2005 1 W. Bulock M. Warner document has been filed for
nonprovisional EXAMI SAEED, K. hange of correspondence 1.1.563). Change of correspondences from PTO/SB/12 Fee Address indicating the control of the cont	INER AMAL A address or indication of "Fe ence address (or Change of 2) attached. ion (or "Fee Address" Indication for more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	ART UNIT 1626 ee Address* (37 2. For particular parti	rinting on names of s OR, alte name of a add attorne red paters o name w NT (print ppear on te for filir NCE: (CT	\$300 CLASS-SUBCLASS 548-377100 The patent front page, up to 3 registered paternatively, single firm (having a sy or agent) and the nat attorneys or agents, till be printed. or type) the patent. If an assing an assignment. TY and STATE OR C. S, MO	list lent attorneys la Joseph lent attorneys la Joseph lent attorneys la Joseph la Joseph lent attorneys la Joseph l	02/03/2005 N. Bulock M. Warner document has been filed for MS 88828883 191825 1400.00 DA
nonprovisional EXAMI SAEED, K. Change of correspondence 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati TO/SB/47; Rev 03-02 o Number is required. SSIGNEE NAME AND PLEASE NOTE: Unless ecordation as set forth in A) NAME OF ASSIGNE Pharmacia Ca see check the appropriate The following fee(s) are e	INER AMAL A address or indication of "Formation of "Formation of "Fee Address" Indication (or "Fee Address" Indication for "Fee Address" Indication for "Fee Address" Indication for Tee Address Indication of Tee Indication of Indicat	ART UNIT 1626 The earth of the properties of this form is NOT a substitution of the properties of the printed on the substitution of the substitution of the printed on the substitution of t	rinting on names of a So R, alter aure of a add attorne red patern on name when the for filit NCE (CT LOUI patern): of Fee(s):	\$300 CLASS-SUBCLASS 548-377100 In the patent front page, up to 3 registered paternatively, single firm (having a sy or agent) and the nu attorneys or agents, it be printed. or type) the patent. If an assing an assignment. I'Y and STATE OR C. I Individual	System and the state of up to a member a armes of up to a same is 3 genee is identified below, the country of the state of up to a state of up to a same is 3 Grant State of u	02/03/2005 N. Bulock M. Warner document has been filed for MS 88828883 191825 1400.00 DA
nonprovisional EXAMI SAEED, K. Change of correspondence R 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Pharmacia Ca ase check the appropriate The following fee(s) are of the sure fee.	INER AMAL A address or indication of "Fe ence address (or Change of (2) attached. ion (or "Fee Address" Indication for "Fee Address" Indication for recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of the completion	ART UNIT 1626 The earth of the property of this form is NOT a substitution of this form is NOT a substitution (H) RESIDENTIES (will not be printed on the 4b. Payment of the payment of the printed on the 4b. Payment of the payment	rinting on names of a SoR, after aure of a add attorne red patern on name with the prear on the for filting patern): LOUI LOUI patern): of Fee(s): k in the a	\$300 CLASS-SUBCLASS 548-377100 If the patent front page, up to 3 registered parentatively, single firm (having a yor agent) and the national to the patent. If an assing an assignment. TY and STATE URC Individual information of the fee(s) is	space is identified below, the country of FC = 1501 Corporation or other private greenclosed.	02/03/2005 N. Bulock M. Warner document has been filed for MS 88828883 191825 1400.00 DA
nonprovisional EXAMI SAEED, K. Change of correspondence R 1.363). Change of correspondence R 1.363). The Address form PTO/SB/12 Fee Address' indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Pharmacia Co case check the appropriate The following fee(s) are of listure Fee Publication Fee (No st	INER AMAL A address or indication of "Fe ence address (or Change of c 2) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	ART UNIT 1626 the Address* (37	rinting on names of a SoR, after aume of a dattorne ered patern on name wo NT (print prear on the for fillin NCE: (CTI LOUI: patern): of Fee(s): k in the a nt by creed.	\$300 CLASS-SUBCLASS 548-377100 In the patent front page, up to 3 registered patentatively, single firm (having a sy or agent) and the national to the patent. If an assing an assignment. TY and STATE URC Individual Individual Individual Individual Individual Individual Individual Individual	system and the system of up to 1 for a system of up to 1 for name is 3 genee is identified below, the country of the formation or other private grenclosed.	oz/03/2005 n. W. Bulock M. Warner document has been filed for MS 00000001 19:025 1400.00 DA roup entity
nonprovisional EXAMI SAEED, K. Change of correspondence R 1.363). Change of correspondence R 1.363). Thange of correspondence R 1.363). Fee Address indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Pharmacia Ca ease check the appropriate The following fee(s) are of lissue Fee	INER AMAL A address or indication of "Fe ence address (or Change of c 2) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	ART UNIT 1626 the Address* (37	rinting on names of a SoR, after aume of a dattorne ered patern on name wo NT (print prear on the for fillin NCE: (CTI LOUI: patern): of Fee(s): k in the a nt by creed.	\$300 CLASS-SUBCLASS 548-377100 In the patent front page, up to 3 registered patentatively, single firm (having a sy or agent) and the national to the patent. If an assing an assignment. TY and STATE URC Individual Individual Individual Individual Individual Individual Individual Individual	space is identified below, the country of FC = 1501 Corporation or other private greenclosed.	oz/03/2005 n. W. Bulock M. Warner document has been filed for MS 00000001 19:025 1400.00 DA roup entity

Typed or printed name James M. Warner Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

45,199

Date February 3, 2005

Authorized Signature